

DEPARTMENT OF THE AIR FORCE

59TH MEDICAL WING (AETC) LACKLAND AIR FORCE BASE TEXAS

10 MAR 2016

MEMORANDUM FOR SGVT

ATTN: CAPT AUSTIN PETERS

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

- Your paper, entitled <u>Catheter Directed Therapy for Massive/Submassive Pulmonary Embolism</u> presented at <u>Society of Interventional Radiology (SIR)</u>, <u>Vancouver British Columbia Canada 2-5 April 2016</u> with MDWI 41-108, and has been assigned local file #16064.
- 2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
- 3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are 59 MDW staff member, we can forward your request for funds to the designated wing POC.
- 4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC Director, Clinical Investigations & Research Support

Linda Steel-Goodwin

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	PLATFORM PRESENTATION (At civilian institutions/Name of Meeting, State, Date of Meeting)											
	OTHER (Describe: Name of Meeting, City, State, and Date of Meeting)											
6. WHAT IS THE EXPECTED DATE YOUR PRESENTATION/PUBLICATION WILL BE SUBMITTED TO THE DEFENSE TECHNICAL INFORMATION CENTER (DTIC)?												
				T OF CONTACT								
7. WHO IS THE PRIMARY 59 MDW POINT OF CONTACT? (Peters, Austin J. austin.j.peters5.mil@mail.mil				Last, First, Ml.) (Include email)			DUTY PHONE/PAGER No. 210-916-3808/513-1718					
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PROCESSING OF PROFESSIONAL MEDICAL RESEARCH PUBLICATIONS/PRESENTATIONS													
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TO: Clinical Research Division (59 MDW/SGVU) (Contact 292-7141 for email instructions) 11 Jan 2			2. ASSIGNED PROCESSING REQUEST FILE NUMBER										
3. DATE REVIEWED			4. DATE FORWARDED TO PA										
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5. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES													
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TO: 59 MDW OFFICE OF PUBLIC AFFAIRS	1. DATE RECEIVED		2. DATE FORWARDED TO 59 MDW/SGVU										
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From: Katie Tobin ktobin@sirweb.org Sent: Friday, November 20, 2015 3:54 PM

To: Peters, Austin

Subject: SIR2016 Abstract Notification

Banner_960x201-sirmeeting.org.jpg

Dear Austin Peters:

I am pleased to inform you that your abstract has been accepted for inclusion in the scientific program at the 2016 SIR 41st Annual Scientific Meeting in Vancouver, BC.

To confirm acceptance, please log into speaker sign-in < Caution-

http://www.sirmeeting.org/index.cfm?do=cus.signlnCustomer&cb=1022 > with your SIR username and password and view your invitation in your ready room. Please review the following presentation details and confirm acceptance at your earliest opportunity and no later thanTuesday, December 1st.

<Caution-http://www.sirmeeting.org/files/images/SIRFooterLogo.png> < Caution-http://www.sirmeeting.org/index.cfm?do=cus.signInCustomer&cb=1022 > Faculty Sign-in - SIR 2016 Please enter your SIR username and password and then click "Sign In." Non-member SIR invited faculty will find this log in information on the speaker invitation letter.
Read more... < Caution-http://www.sirmeeting.org/index.cfm?do=cus.signInCustomer&cb=1022 >

Abstract Title: Catheter directed therapy for massive and submassive pulmonary embolism: Level of evidence in the current literature.

Original abstract number: 1521 Final abstract number: 602

Presenting author: Austin Peters
Poster Hall location: Ballroom D-Level 1

Poster board size: Four feet (4') high by four feet (4') wide; the entire poster board area does not have

to be utilized.

A Poster Reception will take place Tuesday, April 5, from 6:00 to 7:00 pm. One author should be present at that time to represent the work and answer questions. No formal presentation is required.

Poster awards will be announced at the poster reception. Poster guidelines and instructions can be found at:Caution-http://www.sirmeeting.org/index.cfm?do=cnt.page&pg=1033 < Caution-http://www.sirmeeting.org/index.cfm?do=cnt.page&pg=1033 >

All poster presenters are required to register for the meeting; online registration is available atCaution-www.SIRmeeting.org < Caution-

https://sir2015.abstractcentral.com/s1agxt/com.scholarone.s1agxt.s1agxt/Caution-www.SIRmeeting.org > . The early bird registration deadline is January 29th. For questions regarding your presentation or other annual scientific meeting information, please contact Katie Tobin at ktobin@SIRweb.org or call (703) 691-1805 ext. 561.

Your abstract will be published in the Journal of Vascular and Interventional Radiology (JVIR) March 2016 Supplement and will be a citable reference.

Please visit Caution-www.SIRmeeting.org < Caution-http://www.sirmeeting.org/index.cfm?do=cnt.page&pg=1032 > for details about the publication of the complete manuscript in JVIR.

Congratulations on your successful abstract submission. I look forward to seeing you in Vancouver!

Sincerely,

funaki, Brian copy.jpg

Brian Funaki, MD, FSIR

Chair, 2016 Scientific Program

Society of Interventional Radiology

Caution-www.SIRmeeting.org

P: (703) 691-1805

Catheter directed therapy for massive/submassive pulmonary embolism: Level of evidence in the current literature.

To critically examine the levels of evidence in the current literature for catheter directed therapy (CDT) of massive and submassive pulmonary embolism (PE) as well as provide suggestions for future research design.

Modern healthcare has developed interventions utilizing CDT for obstructive ischemia to the heart and brain. Yet acceptance of this approach to similar pathology in the lungs is still only recently developing in major medical centers and lacks widespread acceptance despite multiple published studies suggesting improved outcomes with CDT for massive and submassive PE. Excellent reviews exist regarding the general diagnosis and therapeutic options for PE, but there is a need for a compiled analysis on the quality of the present literature to provide guidance for future research design.

We examine the study designs and outcomes of several landmark studies of CDT for massive and submassive PE including the most recent ULTIMA and SEATTLE II trials. We describe the strengths and weaknesses of current literature specifically examining the patient populations, inclusion/exclusion parameters, standardization of measurements/technique, and study design. While the guidelines of various physician organizations involved in PE management are derived from level-one evidence of randomized controlled trials (RCTs), there is a paucity of RCT in the CDT literature.

The safety and efficacy of CDT for patients suffering PE has been well documented with the most documented methods being pigtail fragmentation and low dose intra-arterial thrombolysis. However, while previous trials have demonstrated promising results of CDT for massive and submassive PE, the level of evidence regarding patient outcomes has rarely been that which is required to cause a paradigm shift in patient intervention. As such, further RCTs or large prospective trials designed to examine the morbidity and mortality benefit of CDT with highly specific, objective, and reproducible parameters as described in detail in this paper are needed.

[&]quot;The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense, or its components."